

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002965

FILED
Jan 10, 2009
Secretary of State

Entity Name: GULF WATERS RV HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

11301 SUMMERLIN SQUARE DRIVE
FORT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

11301 SUMMERLIN SQUARE DRIVE
FORT MYERS BEACH, FL 33931 US

New Mailing Address:

FEI Number: 20-4676244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ROBERT N
16251 DURHAM AVENUE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

THOMPSON, ROBERT N
16380 COOK ROAD
FORT MYERS, FL 33908 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAN, ROGER
Address: 11301 SUMMERLIN SQ DRIVE
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: D () Delete
Name: BREWER, MARIE
Address: 11301 SUMMERLIN SQ DRIVE
City-St-Zip: FT MYERS BEACH, FL 33931 US

Title: D () Delete
Name: EDMAN, THOMAS
Address: 11301 SUMMERLIN SQUARE DRIVE
City-St-Zip: FT MYERS BEACHE, FL 33931 US

Title: D () Delete
Name: VOGT, GERALD
Address: 11301 SUMMERLIN SQUARE DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: D () Delete
Name: DALE, LEROY
Address: 11301 SUMMERLIN SQUARE DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT THOMPSON

AGEN

01/10/2009

Electronic Signature of Signing Officer or Director

Date